

ASU SCHOLARSHIP

Fall 2017



ASU will be awarding
(2) \$1,000 scholarship,
(3) \$500 scholarships for Full-Time &
(4) \$200 scholarships for Part-Time to ASU students!

Application Available @ Student Activities Office
Deadline Thursday, November 30th, 2017 at 6:00 PM
Main Campus: F5-212

For questions contact: *Student Activities Office 323.265.8742*

Criteria for the ASU SCHOLARSHIP

Award Requirements (5 full-time scholarships and 4 part-time scholarships)

1. Current full-time or part-time ELAC student
2. Paid ASU member
3. Student with a minimum 2.5 cumulative GPA will be considered for the \$500 and \$200 scholarship. Full time student with a 3.0 cumulative GPA will be considered for the \$1,000 scholarship.
4. Attach a copy of your unofficial transcripts
5. Completed a minimum of 12 units at ELAC (includes classes taken in the Spring, Summer, Fall & Winter semesters)
6. Verification of community/school group affiliation: From counselor, teacher, advisor, or community leader with contact information.
7. 500 to 600 word typed essay, double spaced, Times New Roman 12 pt. font
8. Winners of this scholarship are unable to apply again for the same academic year

Essay prompt: Please answer the following question in your 1 page essay.
How will this scholarship enhance your educational experience?

Scholarship Amount:

- (2) \$1,000 award for full-time student
- (3) \$500 awards for full-time students
- (4) \$200 awards for part-time students

THE DEADLINE FOR SUBMITTING THE APPLICATION IS:

Thursday, November 30th 6:00 pm.

Please turn in completed application and all supporting items to the office of:
Student Activities Office in F-5 212 by .

Document checklist for applicant:

- Completed application form
- Copy of transcripts
- 1 letter of recommendation (please use the provided form)
- Essay

East Los Angeles College Associated Student Union

1301 Ave. Cesar Chavez, Monterey Park, CA 91754

Telephone (323) 265-8742

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PERSONAL INFORMATION

NAME:		STUDENT IDENTIFICATION NUMBER:	
OTHER NAME(S) USED:			
HOME ADDRESS:			
CITY:		STATE:	ZIP CODE:
DATE OF BIRTH:	HOME PHONE:	E-MAIL ADDRESS:	

EDUCATION

CURRENT SCHOOL(S) ATTENDING:		ARE YOU A HIGH SCHOOL GRADUATE? NAME OF HIGH SCHOOL ATTENDED: <input type="checkbox"/> YES <input type="checkbox"/> NO	
NUMBER OF COLLEGE UNITS THIS SEMESTER:	TOTAL COLLEGE UNITS COMPLETED:	UNITS TAKEN AT ELAC:	CUMULATIVE GPA
COLLEGE MAJOR:		EXPECTED GRADUATION DATE:	
WILL YOU BE ATTENDING ELAC IN THE SPRING OF 2018? <input type="checkbox"/> YES <input type="checkbox"/> NO	ARE YOU OR WILL YOU BE ATTENDING AS A FULL TIME STUDENT? <input type="checkbox"/> YES <input type="checkbox"/> NO	ARE YOU A PART TIME STUDENT? <input type="checkbox"/> YES <input type="checkbox"/> NO	
ARE YOU PLANNING ON TRANSFERRING TO A FOUR YEAR UNIVERSITY? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF SO, WHEN DO YOU PLAN ON TRANSFERRING?	WHAT SCHOLARSHIP ARE YOU APPLYING FOR? <input type="checkbox"/> FULL TIME \$1,000 <input type="checkbox"/> FULL TIME \$500 <input type="checkbox"/> PART TIME \$200	

I certify that the above information is true and correct _____

Applicant Signature

Date

Advisor, Community Leader, or Instructor – Please check the box which best describes the student:

- Strongly Recommend
- Recommend
- Neutral
- Do Not Recommend

Name of Organization: _____

Phone: _____

Print Name _____

Title _____

Signature _____

Date _____

VERIFICATION OF COMMUNITY/SCHOOL GROUP

Please provide a brief description of the rating above using the criteria of the scholarship. After completing this form, please return this form to the student.
